## **DEPARTMENT OF HOMELAND SECURITY**

## UNITED STATES CUSTOMS AND BORDER PROTECTION PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number:	04-CR-544	
Defendant: KUN FUK CHENG	Type of Process: Forf	Type of Process: Forfeiture - Service	
SERVE AT: (Name of Individual, Company, Corporation, etc. to be Romano & Kuan, PLLC, 100 Lafayette ATTENTION: Glen Romano, Esq.			d Zip Code):
Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States	Attorney, NDNY	Number of Processes to be Served	
218 James T. Foley Courthouse 445 Broadway		Number of Parties to Served	
Albany, New York 12207  Special Instructions or Other Information that will assist in expediting so Service:		Check box if service is on USA	
and Forietture		of Forfeiture and the Notice of P	ublication
Signature of Attorney or other Originator requesting service on behalf o	of: (X )Plaintiff ( ) Defendant		ublication  Date
Please serve the following: A certified copy of and Forfeiture  Signature of Attorney or other Originator requesting service on behalf of Thomas A. Capezza signature and Date of Person accepting Process:  SPACE BELOW FOR USE OF DE	of: (X )Plaintiff ( ) Defendant a, AUSA	Telephone No. I 518-431-0247	Date 14/0C
Signature of attorney or other Originator requesting service on behalf of Thomas A. Capezz:  Signature and Date of Person accepting Process:  SPACE BELOW FOR USE OF DE I  I acknowledge receipt for the total number of process indicated.  District of Origin No. No. No. IHEREBY CERTIFY AND RETURN THAT IC DERSONALLY SERVER	PARTMENT OF HON  Signature of Authorized Dept. of Agencycla Ca.	Telephone No. 518-431-0247  MELAND SECURITY AGENO  Homeland Security  Date	Date // / OC
Signature of Attorney or other Originator requesting service on behalf of Thomas A. Capezza Thomas A. Capezza Thomas A. Capezza Signature and Date of Person accepting Process:  SPACE BELOW FOR USE OF DE I acknowledge receipt for the total number of process indicated.  I acknowledge receipt for the total number of process indicated.  I hereby Certify and Return That I ( ) Personally Server The Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual, Company, Corport of the Process Described on The Individual of the Process Described on T	of: (X)Plaintiff () Defendant a, AUSA  PARTMENT OF HON  Vec Signature of Authorized Dept. of Agency the Components of Age	Telephone No. 518-431-0247  MELAND SECURITY AGENO  Homeland Searity  Date  SERVICE. () HAVE EXECUTED AS SHOWN IN SOLUTION SHOWN ABOVE OR ON THE ADDRESSINSERTE	Date // / OC
Signature of attorney or other Originator requesting service on behalf of Thomas A. Capezza Signature and Date of Person accepting Process:  SPACE BELOW FOR USE OF DE I acknowledge receipt for the total District of Origin No. District to Service number of process indicated. No. District to Service No. District to Service Process Indicated. No. District to Service No. District No. District to Service No. District No. Dist	of: (X)Plaintiff () Defendant  a, AUSA  PARTMENT OF HON  ve Signature of Authorized Dept. of Agency of Carlotte Corporation, ETC., AT THE ADDRESS  CATE THE INDIVIDUAL, COMPANY	Telephone No. 518-431-0247  MELAND SECURITY AGENO  Homeland Searity  Date  SERVICE. () HAVE EXECUTED AS SHOWN IN SOLUTION SHOWN ABOVE OR ON THE ADDRESSINSERTE	Date // / OC
Signature of Attorney or other Originator requesting service on behalf of Thomas A. Capezz:  Signature and Date of Person accepting Process:  SPACE BELOW FOR USE OF DE I acknowledge receipt for the total number of process indicated.  I acknowledge receipt for the total number of process indicated.  I hereby Certify and Return that I ( ) Personally Server THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORP	of: (X)Plaintiff () Defendant  a, AUSA  PARTMENT OF HON  ve Signature of Authorized Dept. of Agency of Carlotte Corporation, ETC., AT THE ADDRESS  CATE THE INDIVIDUAL, COMPANY	Telephone No. 518-431-0247  MELAND SECURITY AGENO  Homeland Segrity  Date  F SERVICE. () HAVE EXECUTED AS SHOWN IN S SHOWN ABOVE OR ON THE ADDRESSINSERTE  C, CORPORATION, ETC. NAMED ABOVE.	Date // / OC
Signature of attorney or other Originator requesting service on behalf of Thomas A. Capezza Signature and Date of Person accepting Process:  SPACE BELOW FOR USE OF DE I acknowledge receipt for the total District of Origin No. District to Service number of process indicated. No. District to Service No. District to Service Process Indicated. No. District to Service No. District No. District to Service No. District No. Dist	of: (X)Plaintiff () Defendant  a, AUSA  PARTMENT OF HON  Ve Signature of Authorized Dept. of Agency of Control of Agency of Control of Control of Signature of Authorized Dept. of Agency of Signature of Authorized Dept. of Signature of Si	Telephone No. 518-431-0247  MELAND SECURITY AGENO  Homeland Searity  Date  SERVICE. () HAVE EXECUTED AS SHOWN IN S SHOWN ABOVE OR ON THE ADDRESSINSERTH  C, CORPORATION, ETC. NAMED ABOVE.  ing in the defendant's usual place of abode.  Time of Service () a.m. () p.m.	Date // / OC

Service was completed on 3.6.2006 as evidenced by the attached copy of the Return Receipt (Certifed Mail).

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	If YES, enter delivery address below:
Romano & Kuan, PLLC 100 Lafayette St., #401 New York, NY 10013	
	3. Service Type  Mi Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7004 28	90 0002 4005 7851
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540